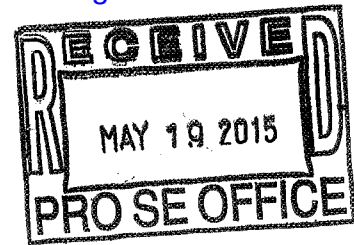


UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKIgiehon Mary

(In the space above enter the full name(s) of the plaintiff(s).)

## COMPLAINT

-against-

Cranford Avenue APTS. L.P.  
C/O AFFORDABLE Managt.  
REAL MOLEIS (Landlord) Owner  
Superintendent, CULLEN & ASSOCIATES  
ET. al.

Jury Trial: ☒ Yes ☐ No  
(check one)42 U.S.C. 1983, 85,  
AND 1986.

15CV4116

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Mary Igiehon  
 Street Address 740 Cranford Avenue APT. 1D  
 County, City Bronx, NY 10470  
 State & Zip Code \_\_\_\_\_  
 Telephone Number 718 404-1784

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Cranford Avenue APT. L.P.  
 Street Address 740 Cranford Ave (Superintendent)

County, City Bronx, NY 10470  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Defendant No. 2

Name Ron Moleis (Owner)  
 Street Address CRANFORD AVENUE APARTMENT, L.P.  
 County, City 1735 PARK AVENUE, SUITE 300  
 State & Zip Code NEW YORK, NY 10035  
 Telephone Number (212) 348-3248

Defendant No. 3

Name Jose M. PEREZ (SUPER)  
 Street Address 740 Cranford Ave  
 County, City Bronx, NY  
 State & Zip Code 10470  
 Telephone Number \_\_\_\_\_

Defendant No. 4

Name CULLEN & ASSOCIATES, P.C.  
 Street Address 2 RECTOR STREET, Suite 903  
 County, City NEW YORK, NY 10006  
 State & Zip Code \_\_\_\_\_  
 Telephone Number (212) 233-9772

**II. Basis for Jurisdiction:**

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☐ Federal Questions☒ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? \_\_\_\_\_

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship \_\_\_\_\_

Defendant(s) state(s) of citizenship \_\_\_\_\_

**III. Statement of Claim:**

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? 740 Cranford Avenue  
APARTMENTS

B. What date and approximate time did the events giving rise to your claim(s) occur? August 2014 thru 5/11/2015

C. Facts: I a woman has Sustained injury for Deprivation of Private Right of Publicity, where Intellectual <sup>property</sup> rights were accessed without Due Process of Law. That Defendants' Clearly Violated Federal Laws pertaining to ~~Harassment~~ Discrimination Gender Discrimination, Racial Discrimination, Age Discrimination and above all Disability Discrimination and is Ongoing. That injuries as a Private Right of Publicity in Law and Equity was Committed where parties failed to apply the federal Choice of Law 2/d in address Statutory and Constitutional 1, 4, 5, 6, 9, 11 and 14 Amendment Violations by Corporate Charter Agencies ~~State~~. I a Woman 7 age however did incurred injuries, damages and lost almost her life. Sustained Injury for deprivation of Private Rights of Publicity, Constant Harassments by Defendants, Moral Fraud and Threats. Defendants had made ~~unwarranted~~ efforts dragging Plaintiff into ~~Hungry Court~~ with frivolous claims under Diversity IV. Injuries: while operating under equity jurisprudence.

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

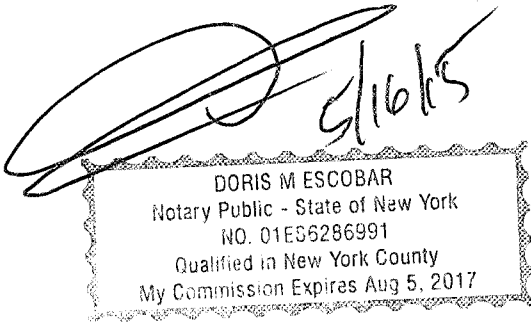
Plaintiff Claimant has been recently evaluated prior to Shoulder Surgery and General anesthesia, Plaintiff suffers from severely elevated blood pressures, High hypertensive heart disease, measured as Concentric Left Ventricular hypertrophy on an echocardiogram dated last Jan 2014. Plaintiff has history of anemia and recently automobile accident resulting in low back pain.

**V. Relief:**

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. *I, a woman respectfully request this Hon Court of Justice to immediately order an injunction of Harassment by the "Super" and Mahay. Due to permanent psychological and Emotional distress of Ongoing Harassment and Threats by this Management Plaintiff further claims injuries of loss of feeling and mobility in right nerve, by Emotional distress loss of time passed with family and special my grandchildren being false documents, making false statements threats Plaintiff, hereby request that this Hon Court award a Declaratory Judgment of "Ten million" \$10,000,000 for unlawful deprivation of Plaintiff's liberty guaranteed by the Bill of Rights. And \$25,000,000.00 million for Retaliation, Harassment, deprivation physical and Emotional trauma and torture.*

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 5 day of 16, 2015



Signature of Plaintiff X meef Liane

Mailing Address 740 Crawford Ave #1B  
Bronx, NY 10450

Telephone Number (718) 404 1784

Fax Number (if you have one) \_\_\_\_\_

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

**For Prisoners:**

I declare under penalty of perjury that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: \_\_\_\_\_

Inmate Number \_\_\_\_\_



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE  
**CERTIFIED MAIL®**



7014 1820 0001 8349 0518

Igiehon Mary  
740 Cranford Ave #1D  
Bronx, NY 10470



S. D. C.  
DISTRICT OF NEW YORK  
PEARL STREET R.M. 200  
YORK, NY 10007-1312



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